## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number RCG

1-		01 41140	40.00									
_	5-17-05	_ CLAIMS	AS FILED (Colum			lumn 21	7	SMALL TYPE		OR	OTHE SMALL	R THAN ENTITY
1	TOTAL CLAIN				•	1	RATE	FEE	٦-	RATE	FEE	
F	OR	NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC FI	E 385.0	OA	BASIC FEI	114 €	
7	OTAL CHARG	EABLE CLAIMS	15 "	15 minus 20=		• · · · · · );		XS 9=		OR	XS18=	
	DEPENDENT		<u> </u>	ninus 3 =	•			X43=		OR	X86=	
M	ULTIPLE DEP	ENDENT CLAIM	PRESENT	<del> </del>		<u> </u>		+145=		OR	+290=	
•1	If the difference in column 1 is less than zero, enter *0* in column 2							TOTAL		OR	TOTAL	780
8	30/03	CLAIMS AS (Column 1)	AMENDE	MENDED - PART II (Column 2) - (Column 3)				SMALL	ENTITY	OR	OTHER SMALL	
ENT A	1	CLAIMS REMAINING AFTER AMENOMENT	-	HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
<b>AMENDMENT</b>	Total	.60	Minus	- 0	20	=		XS 9=		OR	X\$18=	
	Independent	entation of M	Minus		3	*		X43=		OR	X86≖	
_	MISTANES	ENTATION OF I						+145=		OR	+290=	
								TOTAL		OR	TOTAL	•
	(Calina d) (Calina d) (Calina d)								<u> </u>		ADDIT. FEE	
		(Column 1)	<del></del>	(Colum		(Column 3)			4554	3 5	·	:4001
8		REMAINING		NUMB	ER	PRESENT		RATE	ADDI- TIONAL		RATE	'ADDI- TIONAL
AMENDMENT		AFTER AMENDMENT		PREVIOL PAID FO	-	EXTRA		15016	FEE	{ }	. TONIC	FEE_
	Total	• · · ·	Minus	**		= .	Γ	X\$ 9=		OR	X\$18=	
	Independent	•	Minus	eniorum o	1 AILA P	-	·	X43=		OR	X86=	
_1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							145=		OR	+290=	
							. 40	TOTAL DIT. FEE		OR A	TOTAL DDIT, FEE	·
		(Column 1)		(Column	. 5)	(Column 3)	•	•	•			• •
IMENUMENI C	`	CLAIMS		HIGHES	भ		Ė	•	ADDI-	Г		ADDI-
	•	REMAINING AFTER AMENDMENT		NUMBE PREVIOUS PAID FO	SLY	PRESENT EXTRA	RATE	PATE	TIONAL	I	RATE	TIONAL
	Total	•	Minus	••		=		C\$ 9=		OR	X\$18=	
	Independent .	•	Minus	•••		-	5	(43=			X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR -		
										OR	+290=	
- H	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3.".									OR A	TOTAL DOTT. FEE	
Tr	the "Highest Nur re "Highest Num	nber Previously Pai ber Previously Paid	o for in this for (Total or I	SPACE is le Independent)	is the h	3, enter "3.", highest number f	lound i	n the appr	opriate box		-	·